

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKCURTIS PETER MICHAEL FORTEAU

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

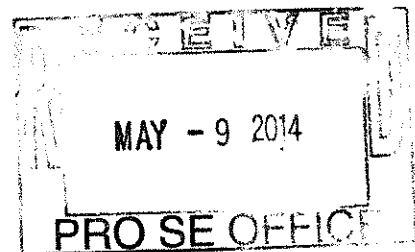
NEW YORK CITY
HEALTH AND HOSPITAL CORPORATION
CITY OF NEW YORK
RIKERS ISLAND JAIL
KIRBY FORENSIC PSYCHIATRIC CENTER
DOCTOR KILWIA

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)PLEASE READ FROM HAND WRITTEN DOCUMENTS THANK YOU

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name CURTIS PETER MICHAEL FORTEAU
ID # 895 13 00534
Current Institution A.M.K.C C-95 WEST 17 UPPER A. SIDE
Address 1818 HAZEN ST
EAST ELMHURST, N.Y 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name NEW YORK CITY
HEALTH AND HOSPITAL CORPORATION Shield # _____
Where Currently Employed HEALTH AND HOSPITAL CORPORATION
Address 125 WORTH STREET, STE 510
NEW YORK, N.Y 10013

Defendant No. 2 Name CITY OF NEW YORK Shield # _____
 Where Currently Employed CITY OF NEW YORK
 Address 100 CHURCH STREET RM 3-176
NEW YORK, N.Y. 10007

Defendant No. 3 Name RIKERS ISLAND JAIL Shield # _____
 Where Currently Employed A.M.K.C. C-95
 Address 1818 HAZEN STREET
EAST ELMHURST, N.Y. 11370

Defendant No. 4 Name KIRBY FORENSIC PSYCHIATRIC CENTER Shield # _____
 Where Currently Employed 600 KIRBY FORENSIC PSYCHIATRIC CENTER
 Address WARD'S ISLAND
NEW YORK, N.Y. 10035-6075

Defendant No. 5 Name DOCTOR KILUVA Shield # _____
 Where Currently Employed A.M.K.C. C-95
 Address 1818 HAZEN STREET
EAST ELMHURST, N.Y. 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
RIKERS ISLAND JAIL A.M.K.C. C-95 (MAIN CLINIC) 1818 HAZEN ST. EAST ELMHURST
N.Y. 11370 (MAIN MENTAL HEALTH CLINIC) PLEASE READ FROM ATTACHED DOCUMENT
- B. Where in the institution did the events giving rise to your claim(s) occur?
RIKERS ISLAND JAIL A.M.K.C. C-95 (MAIN CLINIC)
(MAIN MENTAL HEALTH CLINIC)
- C. What date and approximate time did the events giving rise to your claim(s) occur?
SEPTEMBER 26 2013 11AM

D. Facts: PLEASE READ ALL FROM ATTACHED DOCUMENTS THANKS
ONE OF MY MOST IMPORTANT SERIOUS MAJOR ISSUES I WANT TO SUE FOR
\$70 MILLION DOLLARS ARE THE PSYCHOLOGICAL MEDICATIONS THE DOCTORS,
PSYCHIATRISTS, NURSES E.T.C ARE PRESCRIBING ARE DAMAGING DESTROYING
MY HEALTH I AM EXPERIENCING SUFFERING WITH EXCRUCIATING VERY SEVERE DAMAGING
DESTROYING HEALTH PROBLEMS TO MY REPRODUCTIONS SYSTEMS
I DO NOT KNOW IF I COULD MAKE CHILDREN I ALL THOSE PSYCHOLOGICAL MEDICATIONS
AND INVEGA SUSTENNA (PaliPeridone Palmitate) RISPERIDONE CONSTA SEVERE EXCRUCIATING
DAMAGING DESTROYING MY REPRODUCTIONS SYSTEMS VERY MUCH THAT WHEN
I AM TRYING TO HAVE A ERECTION MY PENIS NEVER DOES WORK AND MANY SITUATIONS
WHEN I AM HAVING SEX I NEVER EJACULATE NOTHING COMES OUT FROM MY PENIS I
BEFORE I EVER WAS ON ANY PSYCHOLOGICAL MEDICATIONS? INVEGA SUSTENNA
PaliPeridone Palmitate AND RISPERIDONE CONSTA I NEVER EVER HAD ANY OF THESE
MEDICAL HEALTH ISSUES MANY DOCTORS, PSYCHIATRISTS, NURSES AND STAFFS
WHERE TELLING ME THAT THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA
PaliPeridone Palmitate AND RISPERIDONE CONSTA NEVER EVER GIVES ME
THE BAD SEVERE SIDE EFFECTS. I AM REPORTING TO THEM THE DOCTORS, PSYCHOLOGISTS
NURSES AND STAFFS DO NOT EVEN KNOW FOR SURE WHAT ALL THE BAD SEVERE SIDE EFFECTS ARE!
I AM NEVER EVER PSYCHOLOGICAL ILL!

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. PLEASE READ FROM HAND WRITTEN DOCUMENTS I DO NOT
KNOW IF I COULD MAKE CHILDREN MY REPRODUCTIONS SYSTEMS ARE EXCRUCIATING SEVERE
DAMAGED DESTROYED I AM EXPERIENCING SUFFERING WITH EXCRUCIATING VERY
SEVERE DAMAGING DESTROYING HEART PAINS AND BACK PAINS AND EXCRUCIATING
PAINS THOUGH MY ENTIRE BODY. I GOT X-RAYS MRI AND MANY PAIN MEDICATIONS
PROOFS WITHIN MY MEDICAL RECORDS I AM IN PHYSICAL THERAPY AND E.T.C!

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
- Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

RIKERS ISLAND JAIL I.A.M. KCC-951818 HAZEN ST EAST ELMHURST NY 11370
CLINIC (PLEASE READ ALL FROM ATTACHED DOCUMENTS THANKS)

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

MY MEDICAL RECORDS (PLEASE READ FROM HAND WRITTEN DOCUMENTS THANK YOU)

1. Which claim(s) in this complaint did you grieve? ALL I REPORTED TO ALL DOCTORS
PSYCHIATRISTS NURSES STAFF E.T.C AT RIKERS ISLAND AND THE MANY HOSPITALS E.T.C

2. What was the result, if any? THEY ALL NEVER EVER HELP ME IN ANY WAY

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. 1. I KEEP ON MAKING MORE REPORTS
2. TO DIFFERENT AGENCIES WRITING EMAILS PHONES

PLEASE READ ALL FROM HAND WRITTEN DOCUMENTS THANK YOU

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any. PLEASE READ FROM HANDWRITTEN DOCUMENTS
I MADE MORE THAN ONE COMPLAINT AND REPORTS TO DIFFERENT AUTHORITIES
AND AGENCIES ON ALL MY IMPORTANT ISSUES. ON RECORD THERE
SHOULD BE SOME SITUATIONS THAT I REPORTED TO AUTHORITIES.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. PLEASE READ FROM HANDWRITTEN DOCUMENTS.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). PLEASE READ FROM HANDWRITTEN DOCUMENTS
I WANT TO BRING UP CRIMINAL CHARGES AND MILLIONS OF DOLLARS
IN LAWSUITS AGAINST THE HOSPITALS AND ALL THOSE INVOLVED FOR ALL MY
VERY SEVERE EXCRUCIATING DAMAGING DESTROYING HARSH AND HARMFUL PAINS
AND SUFFERINGS. POSSIBLE I HAVE TO USE LEVOTHYROXINE FOR MY THYROID
TO STOP FAILING AND SIMVASTATIN TO STOP MY CHOLESTROL PROBLEMS FOR
EVERY DAY OF MY LIFE WORDS FROM DOCTORS 3.11.14

I DO NOT KNOW IF I COULD MAKE CHILDREN

VI. Previous lawsuits:

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff CURTIS FORTEAU

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) NEW YORK CITY COMPTROLLER OFFICE
3. Docket or Index number 2013PI030160
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit 11.25.2013
6. Is the case still pending? Yes ☒ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) MY LAWSUIT ARE ON GOING

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes ☒ No _____

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff CURTIS PETER MICHAEL FORTEAU

Defendants CORRECTION OFFICER
CITY OF NEW YORK JOHN DOE CORRECTION OFFICER
JOHN DOE CORRECTION OFFICER

2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number 1:13-cv-02693-AJN
4. Name of Judge assigned to your case DISTRICT JUDGE NELSON AUSTIN
MAGISTRATE JUDGE SARAH METZGER
5. Approximate date of filing lawsuit 12.3.2013
6. Is the case still pending? Yes ☒ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of 5, 2014.

Signature of Plaintiff

Curtis P. M. Fortson

Inmate Number

895 13 00534

Institution Address

A.M.K.C.C-95 WEST 17 UPPER ASIDE

1818 HAZEN ST

EAST ELMHURST, NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 1 day of 5, 2014, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Curtis P. M. Fortson

351-86-22

**REFERRAL**

Consultation Request and Hospital Transfer Form

Referral To Information:

Specialty: Dermatology
 Provider Name: Dermatology (REF) Bellevue
 Facility: Bellevue Hospital

Patient Information:

Patient: CURTIS FORTEAU
 DOB: 02/05/1983
 Book and Case: 8951300534
 NYSID: 095776792
 Facility: Anna M. Cross Correctional Facility
 Housing Area: W17UA
 MRN No:

Referral From Information:

Provider Name: Samuel Okorozo, PA
 Date and Time: 02/14/2014
 Priority: Routine
 Diagnosis: 110.4 - Tinea pedis
 Reason: ***Pt has multiple lesions on glen of his penis which he claimed has been there since childhood. Pls evaluate , Richard,Jean , MD 2/18/2014 4:10:59 PM > Approved Okorozo,Samuel , PA 2/14/2014 4:42:04 PM > Pt has multiple lesions on glen of his penis which he claimed has been there since childhood. Pls evaluate Richard,Jean , MD 2/18/2014 4:10:59 PM > Approved Smith,Ida 2/19/2014 2:52:18 PM > Reviewed by Pt. Svcs. for processing. Grant,Valencia 2/21/2014 9:19:01 AM > APPT 3-18-14 AM AS PER HHC ADV
 Notes:

Consulting Physician Information:

Date of Service: 3/18/14

Physician(Print Name): Elizabeth Gordon Physician Signature:

Please place findings and recommendations below (use additional paper if necessary):

pearly penile papules, benign condition, reassurance
 RTC prn new or spreading lesions

Anna M. Kross Correctional Facility 18-18 Hazen Street East Elmhurst, NY 11370 Tel: 718-546-3550 Fax:		Laaili Ali, MD
Patient:	FORTEAU, CURTIS	03/ 20/ 2014
DOB:	02/05/1983, Sex: Male	
Address:	KIRBY, NY, NY	
Phone:		
Ordered Date:	05/02/2013	
Assessments:		
Lab:	CHLAMYDIA /GC, URINE	
Fasting:	No	
Specimen:	Collection Date:05/02/2013 Time:2:39 PM Source:urine	
Clinical Info:		
Name	Value	Reference Range
GC,AMPL.,DNA		
CHLAMYDIA,AMPL.,DNA		
Result:	Duplicate order	
Received Date:	06/12/2013	
Notes:	Milord,Kesline , LPN 5/2/2013 2:39:29 PM > Specimen collected Cantor,Lourdes , PA 6/12/2013 4:32:34 PM > Duplicate order	

Patient Name: FORTEAU, CURTIS , DOB: 02/05/1983

Anna M. Kross Correctional Facility 18-18 Hazen Street East Elmhurst, NY 11370 Tel: 718-546-3550 Fax:		Chukwudi Ozo-Onyali, MD
Patient:	FORTEAU, CURTIS	03/20/2014
DOB:	02/05/1983, Sex: Male	
Address:	KIRBY, NY, NY	
Phone:		
Ordered Date:	05/02/2013	
Assessments:		
Lab:	CHLAMYDIA /GC, URINE	
Fasting:	No	
Specimen:	Collection Date:05/02/2013 Time:2:39 PM	
Clinical Info:		
Name	Value	Reference Range
GC,AMPL.,DNA	Negative	Negative N
CHLAMYDIA,AMPL.,DNA	Negative	Negative N
Result:	Normal/Negative/Non-Reactive	
Received Date:	05/04/2013	
Notes:	eclinicalworks, support (PROD) 05/03/2013 07:45:17 : This order was created by the Interface.	

Patient Name: FORTEAU, CURTIS , DOB: 02/05/1983



FORTEAU, CURTIS

NYSID: 09577679Z BookCase: 8951300534
Facility Code: AMKC Housing Area: 2 UPPER
30 Y old Male, DOB: 02/05/1983
KIRBY, NY, NY

Insurance: Self Pay
Appointment Facility: Anna M. Kross Correctional Facility

09/27/2013 Appointment Provider: Moody Kiluvia, MD

Current Medications

Synthroid 75 MCG Tablet 1tab Every Morning, stop date 11/03/2013
Zocor 20 mg Tablet 1tab At Bedtime, stop date 12/23/2013
Alum & Mag Hydroxide-Simeth 400-400-40 MG/5ML Suspension 10 MLS Four Times a Day, stop date 10/08/2013
Zantac 150 MG Tablet 1tab Twice a Day, stop date 10/24/2013

Past Medical History

The patient denies a history of chronic medical problems
Psychiatric situation
Psychiatric situation

Reason for Appointment

1. Refusing IM medication/ Referral from nursing/ medication follow-up

History of Present Illness

TEMPLATES:

PSYCHIATRY - MEDICATION REEVALUATION

SUBJECTIVE:

Subjective

"I don't want to take the medication because it is giving side effects, my heart is aching, I also see that it says that its messing with reproductive system, back pain and all these side effects"

Examination

OBJECTIVE:

Objective:

= Patient has multiple somatic complains in a very delusional manner. He is also hypervigilant, paranoid, labile and suspicious.

MENTAL STATUS:

Appearance:

= Younger, Disheveled

Behavior:

= Suspicious oddly related.

Mood:

= Euthymic (Normal Range)

Affect:

= Labile

Impulse control:

= Moderate

Thought process:

= Distractible Concrete

Thought content:

= Delusions, Preoccupations

Perceptual disturbance:
= *No Perceptual Distortions*

Suicidal:
= *No Suicidal Thoughts*

Homicidal:
= *No Homicidal Thoughts*

Insight:
= *Sight Awareness of Illness*

Judgment:
= *Severely Impaired*

MEDICATION SIDE EFFECT:

Medication Side Effect
Medication Side Effect: *No*
Patient even though complains of multiple side effects but they are mostly in the context of delusional thinking..

PATIENT EDUCATION - SIDE EFFECTS:

Patient education - side effects
-Patient education provided on side effects of proposed medication: *Yes*

MEDICATION COMPLIANCE:

Medication Compliance
= *.Poor compliance with medication.*

CHANGE IN MEDICATION:

Change in Medication
Change in medication regimen: *No*

Assessments

1. Axis I: Schizoaffective disorder, chronic - 295.72
2. Axis II: Diagnosis deferred - 799.9
3. Backache NOS - 724.5
4. Axis III: Hypothyroidism (acquired) - 244.9
5. GERD [Gastroesophageal reflux disease] - 530.81

Axis IV: Legal/ criminal system problems

Axis V: GAF 51-60 Moderate symptoms. (e. g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in school, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

Treatment

1. Diagnosis deferred

Start Invega Sustenna Suspension, 234 MG/ 1.5ML, I.M, Intramuscular, Once a Month, 28 days, RN-DOT, Refills 0

Follow Up
4 Weeks

Disposition: GP with MH follow up-Clinician/ Psychiatrist

Addendum:

09/30/2013 12:27 PM Blakney, Sandra > Order for Invega Sustenna was clarified for pharmacy. Will order stat injection today. Please refer to telephone encounter.

Appointment Provider: Moody Kiluvia, MD



Electronically signed by Moody Kiluvia MD on 09/27/2013 at 10:55 PM EDT

Sign off status: Completed

Anna M. Kross Correctional Facility
18-18 Hazen Street
East Elmhurst, NY 11370
Tel: 718-546-3550
Fax:

Patient: FORTEAU, CURTIS DOB: 02/05/1983 Progress Note: Moody Kiluvia, MD 09/27/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



FORTEAU, CURTIS

NYSID: 09577679Z BookCase: 8951300534
Facility Code: AMKC Housing Area: 2 UPPER
30 Y old Male, DOB: 02/05/1983
KIRBY, NY, NY

Insurance: Self Pay

Appointment Facility: Anna M. Kross Correctional Facility

09/26/2013

Appointment Provider: Angela Morris RN

Current Medications

Synthroid 75 MCG Tablet 1 tab Every Morning, stop date 11/03/2013
Invega Sustenna 234 MG/ 1.5ML Suspension 1.5 ml Q 4wks, next due on 9-26-13, stop date 09/26/2013
Zocor 20 mg Tablet 1 tab At Bedtime, stop date 12/23/2013
Alum & Mag Hydroxide-Simeth 400-400-40 MG/ 5ML Suspension 10 MLS Four Times a Day, stop date 10/08/2013
Zantac 150 MG Tablet 1 tab Twice a Day, stop date 10/24/2013

Past Medical History

The patient denies a history of chronic medical problems
Psychiatric situation
Psychiatric situation

Reason for Appointment

1. Refusing invega injection

History of Present Illness

Notes:

Patient stated he is refusing Invega injection 234mg/ml. Patient stated that the medication makes him feel "sick" i.e. dizziness, chest pain, nauseous. Will refer patient to Mental Health. Patient signed refusal form. Angela Morris RN.

Appointment Provider: Angela Morris RN



Electronically signed by Angela Morris RN on 09/26/2013 at 11:11 AM EDT

Sign off status: Completed

Anna M. Kross Correctional Facility
18-18 Hazen Street
East Elmhurst, NY 11370
Tel: 718-546-3550
Fax:

Patient: FORTEAU, CURTIS DOB: 02/05/1983 Progress Note: Angela Morris RN 09/26/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



FORTEAU, CURTIS

NYSID: 09577679Z BookCase: 8951300534
Facility Code: AMKC Housing Area: 2 UPPER
30 Y old Male, DOB: 02/05/1983
KIRBY, NY, NY

Insurance: Self Pay

Appointment Facility: West Facility

12/24/2013

Appointment Provider: Kennedy Gordon, MD

Current Medications

Synthroid 75 MCG Tablet 1 tab Every
Morning, stop date 12/29/2013
Zocor 20 mg Tablet 1 tab At Bedtime, stop
date 03/18/2014

Past Medical History

The patient denies a history of chronic
medical problems
Psychiatric situation
Psychiatric situation

Reason for Appointment

1. Specialty Clinic Ortho

History of Present Illness

Notes:

30 y/o right dominant male who states that he has chronic lower
back pain with recurrently radiates to his legs for many years. He
denies any specific trauma although claims that his previous psych
meds may have contributed to his various medical symptoms. Xrays of
his Lumbar spine were WNL. No bowel or bladder complains.

Examination

Lumbar Spine/Lower back:

LOWER BACK: normal sacroiliac joint mobility bilaterally.
INSPECTION: normal curvature of spine.
PALPATION: paraspinal tenderness, Vertebral spine tenderness,
mild paraspinal spasm.
STRAIGHT LEG RAISING TEST: negative bilaterally.
MOTOR SYSTEM: normal bilateral lower extremities, 5/5 BLE.
SENSORY EXAM: normal.
REFLEXES: normal.
Peripheral Pulses: dorsalis pedis 2+ bilaterally, posterior tibial 2+
bilaterally.

Assessments

1. Lumbar sprain and strain - 847.2 (Primary), with episodic radicular
symptoms

Treatment

1. Lumbar sprain and strain

Referral To: Radiology (REF) Bellevue Radiology
Reason: MRI of th lumbar spine. Rule out HNP/ Nerve root
compression/ Spinal stenosis

Follow Up

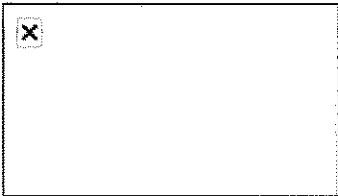
3 Months

Notes: Back precautions during ADL were advised.

Patient: FORTEAU, CURTIS DOB: 02/05/1983 Progress Note: Kennedy Gordon, MD 12/24/2013
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Addendum:
12/26/2013 03:31 PM Jeanty, Francois > F/U IN 3 MONTHS.

Appointment Provider: Kennedy Gordon, MD



Electronically signed by Kennedy Gordon on 12/24/2013 at
02:40 PM EST

Sign off status: Completed

West Facility
16-06 Hazen Street
East Elmhurst, NY 11370
Tel: 718-546-4150
Fax:

Patient: FORTEAU, CURTIS DOB: 02/05/1983 Progress Note: Kennedy Gordon, MD 12/24/2013

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



CERTIFICATION

I, Petrina S. Mariner, Director of Medical Records of Corizon Health Inc., contracted by NYC Department of Health and Mental Hygiene, hereby certify that the record of the attached is a certified reproduction of the record on file for:

FOREMAN CURTIS
Name of Patient

89B-13-00334
Book and Case Number

I further certify that this record was made in the regular course of business of this program and it is the regular course of business of this program to make such records. The record was made at the time of the condition, act, transaction, occurrence or event recorded or within a reasonable time thereafter. The record contained herein is a certified reproduction of the record on file (in accordance with CPLR Section 2306)

4/1/14
Date

Petrina S. Mariner
Petrina S. Mariner
Director of Medical Records

DELEGATION OF AUTHORITY

I Fazal M. Yussuff, Regional Vice President of Operations of Corizon Health Inc., contracted by NYC Department of Health and Mental Hygiene, certify that, Petrina Mariner, Director of Medical Records/Materials Management, of Corizon Health Services contracted by NYC Department of Health and Mental Hygiene, whose signature above is a responsible employee in this program. I hereby authorize her to certify records of this program having been made on the regular course of business of the program at the time of condition, act, transaction, occurrence or event recorded or within a reasonable time thereafter.

Fazal M. Yussuff
Fazal M. Yussuff, MP, RN, CCHP
Regional Vice President of Operations

NYSID No: 09577679Z B&C No: 8951300534

FORTEAU, CURTIS

KIRBY, NY, NY

DOB: 02/05/1983 Age: 31 Y Sex: male

Primary Insurance:
PCP:

Home:

Work:

Cell:

Email:

Allergies: N.K.D.A

Medical History

Active Problem List

Code	Name	Specify	Notes	Added On	Modified On	modified By
R151	SMI - YES				03/14/2014	Nyame, Simflex
295.72	Schizoaffective disorder, chronic				03/14/2014	Nyame, Simflex
799.9	Diagnosis deferred				03/14/2014	Nyame, Simflex
272.0	Hypercholesterolemia				03/14/2014	Nyame, Simflex
244.9	Hypothyroidism (acquired)		Pt compliant with his medication		12/26/2013	Okoroza, Samuel
V70.0	ROUTINE MEDICAL EXAM				07/16/2013	Kalam, Mohammad
536.8	Dyspepsia NOS				09/11/2013	Badalova, Kristina
724.5	Back pain				12/04/2013	Nyame, Simflex
959.9	INJURY-SITE NOS				05/31/2013	Ali, Laali
724.5	Backache NOS				09/27/2013	Kiluvia, Moddy
729.5	Pain in limb				07/16/2013	Kalam, Mohammad
300.9	Psychiatric disorder or problem				12/26/2013	Nyame, Simflex
714.9	Arthralgias				08/19/2013	Golbourne, Trevor
690.18	Dandruff				08/19/2013	Golbourne, Trevor
530.81	GERD [Gastroesophageal reflux disease]				03/14/2014	Nyame, Simflex
V65.3	Dietary surveillance and counseling				09/30/2013	Gravesande, Terry
041.83	Helicobacter pylori [H. pylori] Infection				11/26/2013	Villar, Ofella
724.2	LBP [Low back pain]				12/10/2013	Roy, Robert
465.9	ACUTE UR NOS				11/16/2013	Noah, Susan
847.2	Lumbar sprain and strain	with episodic radicular symptoms			12/24/2013	Gordon, Kennedy F
110.4	Tinea pedis				02/14/2014	Okoroza, Samuel

Past Medical History

The patient denies a history of chronic medical problems

Psychiatric situation

Psychiatric situation

Medications

Name strength formulation, Sig: take route frequency

Zocor 20 mg Tablet, Sig: 1 tab Orally At Bedtime Start Date: 03/13/2014 KOP: No DrugSource: Pharmacy

Synthroid 75 MCG Tablet, Sig: 1 tab Orally Every Morning Start Date: 02/18/2014 KOP: No DrugSource: Pharmacy

Social History

Name	Value
Drug use	currently using drugs: No, ever used drugs: No, currently in methadone program: No, Ever accidentally overdosed: No, Ever used a needle to inject drugs: No
smoking	are you a smoker: never
alcohol	do you drink: No
violence	ever hit or assaulted anyone: Yes, ever been charged with sexual offense: No, ever been assaulted: No, ever been a victim of sexual abuse: No
education	grade level completed: some college , learning disability: No, were you in special education: No
Sexual history	sexually active with: neither , current number of sexual partners: 0, do you and your partner use condoms: Yes

Family History

Relation : Description

NYSID No: 09577679Z **B&C No:** 8951300534

FORTEAU, CURTIS
KIRBY, NY, NY

DOB: 02/05/1983 **Age:** 31 Y **Sex:** male

Home:
Work:
Cell:
Email:

Primary Insurance:
PCP:

Allergies : N.K.D.A

Father: deceased
Mother: alive

Immunizations		
Name	Date	Dosage
Hepatitis A (adult)	2013-04-29	1.2 cL
Hepatitis B (20 and more) - Refused	2013-04-17	1.0 mL
Hepatitis B (20 and more) - Refused	2012-07-20	1.0 mL

Vitals		
Name	Date	Value
Temp	03/11/2014	97.5
BP	03/11/2014	101/61
RR	03/11/2014	16
SaO2	03/11/2014	100
Pulse	03/11/2014	68

Patient Encounters			
Date	Visit	Reason	Diagnosis
03/19/2014	TEL	Message	
03/14/2014	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease]
03/13/2014	MH Visit	TPR and MH Clinicians Progress Note	
03/13/2014	TEL	Medication Renewal	Hypercholesterolemia
03/12/2014	MH Visit	TPR and MH Clinicians Progress Note	
03/11/2014	MH Visit	TPR and MH Clinicians Progress Note	
03/11/2014	Medical	Hypothyroidism/GERD/HLD	Hypercholesterolemia Hypothyroidism (acquired) GERD [Gastroesophageal reflux disease] LBP [Low back pain]
02/21/2014	Medical	Hypothyroidism/GERD/HLD	
02/18/2014	TEL	Medication Renewal	Hypothyroidism (acquired)
02/18/2014	Sick Call	+ CHLAM/OFFER HIV	
02/14/2014	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease]
02/13/2014	Sick Call		Tinea pedis
02/13/2014	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease]
02/11/2014	MH Visit	TPR and MH Clinicians Progress Note	
02/06/2014	Medical	Hypothyroidism/GERD/HLD	

NYSID No: 09577679Z
B&C No: 8951300534

FORTEAU, CURTIS
KIRBY, NY, NY

DOB: 02/05/1983
Age: 31 Y
Sex: male

Primary Insurance:
PCP:

Home:
Work:
Cell:
Email:

Allergies : N.K.D.A

01/16/2014	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease]
12/26/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Psychiatric disorder or problem Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease]
12/26/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease]
12/26/2013	Medical	hypothyroidism/htd/GERD/LBP	Hypothyroidism (acquired) GERD [Gastroesophageal reflux disease] Hypercholesterolemia
12/24/2013	TEL	Medication Renewal	Hypothyroidism (acquired)
12/24/2013	Orthopedic	Specialty Clinic Ortho	Lumbar sprain and strain
12/18/2013	TEL	Medication Renewal	Hypercholesterolemia
12/10/2013	PsychMeds	follow-up evaluation	Psychiatric disorder or problem Diagnosis deferred LBP [Low back pain] Hypercholesterolemia
12/04/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease] Back pain
11/29/2013	POSTesting	POS Testing Refusal	HIV COUNSELING
11/26/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic Hypercholesterolemia Helicobacter pylori [H. pylori] infection Diagnosis deferred Hypothyroidism (acquired) Back pain GERD [Gastroesophageal reflux disease] SMI - YES
11/16/2013	Sick Call	uri	ACUTE URI NOS
11/14/2013	TEL		Helicobacter pylori [H. pylori] infection
11/14/2013	Medical	HYPOTHYROID, HYPERLIPIDEMIA; H. PYLORI POSITIVE, F/U LABS	Hypothyroidism (acquired) Hypercholesterolemia Helicobacter pylori [H. pylori] infection LBP [Low back pain]
11/12/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic Diagnosis deferred GERD [Gastroesophageal reflux disease] Hypercholesterolemia
11/08/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES

NYSID No: 09577679Z
B&C No: 8951300534

FORTEAU, CURTIS
KIRBY, NY, NY

DOB: 02/05/1983
Age: 31 Y
Sex: male

Primary Insurance:
PCP:

Home:
Work:
Cell:
Email:

Allergies : N.K.D.A

			Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease] Back pain
10/30/2013	TEL	Medication Renewal	Hypothyroidism (acquired)
10/28/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic Diagnosis deferred GERD [Gastroesophageal reflux disease] Hypercholesterolemia
10/24/2013	Medical	HYPOTHYROID, HYPERLIPIDEMIA; H. PYLORI POSITIVE, F/U LABS	
10/16/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES
			Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease] Back pain
09/30/2013	Sick Call	Dietary	Dietary surveillance and counseling
09/30/2013	Nursing	Refuse medication (Invega)	
09/30/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired) GERD [Gastroesophageal reflux disease]
09/30/2013	TEL	order clarification	
09/27/2013	PsychMeds	Refusing IM medication/ Referral from nursing/ medication follow-up	Diagnosis deferred Schizoaffective disorder, chronic Hypothyroidism (acquired) Backache NOS GERD [Gastroesophageal reflux disease]
09/26/2013	Nursing	refusing invega injection	
09/24/2013	Medical	lipids/hypothyroidism-> MEDICAL F/U -LABWORK RESULT	Hypothyroidism (acquired) Hypercholesterolemia GERD [Gastroesophageal reflux disease]
09/19/2013	MH Visit	TPR and MH Clinicians Progress Note	
09/19/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES
			Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia GERD [Gastroesophageal reflux disease] Psychiatric disorder or problem Back pain
09/11/2013	PsychMeds	medication follow-up/ referral from medical	Schizoaffective disorder, chronic Diagnosis deferred Dyspepsia NOS Backache NOS
09/09/2013	Medical	GERD	GERD [Gastroesophageal reflux disease] Psychiatric disorder or problem Hypothyroidism (acquired) Hypercholesterolemia
09/04/2013	TEL	Medication Renewal	Hypothyroidism (acquired)

NYSID No: 09577679Z B&C No: 8951300534
FORTEAU, CURTIS
KIRBY, NY, NY

DOB: 02/05/1983 Age: 31 Y Sex: male Primary Insurance:
Home: PCP:
Work:
Cell:
Email:

Allergies : N.K.D.A

08/29/2013	Nursing	DOT -Medication	
08/29/2013	TEL	Medication Renewal	
08/29/2013	TEL	Medication Renewal	
08/29/2013	TEL	Medication Renewal	
08/29/2013	Nursing	mh	
08/23/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES
			Schizoaffective disorder, chronic
			Diagnosis deferred
			Hypercholesterolemia
			Hypothyroidism (acquired)
08/19/2013	Sick Call		Arthralgias
			Dandruff
			GERD [Gastroesophageal reflux disease]
08/13/2013	Medical	Hypothyroidism/ Hypercholesteremia	Hypercholesterolemia
			Hypothyroidism (acquired)
08/12/2013	Nursing	Varicella screening	
08/08/2013	Nursing	Hiv test	Screening examination for unspecified infectious disease
08/07/2013	TEL	Medication Renewal	Hypothyroidism (acquired)
08/07/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic
08/02/2013	Nursing	invega sustenna	
08/01/2013	PsychMeds	medication follow-up	
07/31/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES
			Schizoaffective disorder, chronic
			Diagnosis deferred
			Hypercholesterolemia
			Hypothyroidism (acquired)
07/29/2013	Sick Call		Psychiatric disorder or problem
			Dyspepsia NOS
07/26/2013	Sick Call	Requesting for renewal of pain meds	Backache NOS
07/18/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic
			Diagnosis deferred
			Dyspepsia NOS
			Backache NOS
07/16/2013	Medical	Hypothyroidism/lipids/labs	Schizoaffective disorder, chronic
			Hypercholesterolemia
			Hypothyroidism (acquired)
			Pain in limb
			ROUTINE MEDICAL EXAM
07/11/2013	TEL	MED RENEWAL, PATIENT NOT SEEN, PHARMACY REQUEST	
07/11/2013	PsychMeds	medication follow-up	
07/09/2013	TEL	Medication Renewal	Hypothyroidism (acquired)
07/08/2013	Sick Call		Back pain
07/04/2013	Nursing	injection	
07/03/2013	Medical	Hypothyroidism/lipids/labs	Hypercholesterolemia
			Hypothyroidism (acquired)
07/02/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES
			Schizoaffective disorder, chronic
			Diagnosis deferred
			Hypercholesterolemia

NYSID No: 09577679Z

B&C No: 8951300534

FORTEAU, CURTIS

KIRBY, NY, NY

DOB: 02/05/1983

Age: 31 Y

Sex: male

Primary Insurance:

PCP:

Home:

Work:

Cell:

Email:

Allergies : N.K.D.A

06/26/2013	MH Visit	MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia
06/25/2013	Sick Call	back pain	Backache NOS
06/19/2013	Medical	Hypothyroidism/lipids/labs	
06/19/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia
06/12/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired)
06/12/2013	MH Visit	MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired)
06/11/2013	TEL	Medication Renewal	Hypothyroidism (acquired)
06/05/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia
06/04/2013	Nursing	invega Sustenna	
06/04/2013	Medical	Hypothyroidism/lipids/labs	
05/31/2013	Injury	Injury report	INJURY-SITE NOS
05/31/2013	Sick Call	requesting multivitamin	ROUTINE MEDICAL EXAM
05/30/2013	MH Visit	MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired)
05/23/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired)
05/21/2013	Medical	hypothyroidism/lipids/labs	
05/18/2013	PsychMeds	medication follow-up	
05/16/2013	MH Visit	MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired)
05/16/2013	Medical	hypothyroidism/lipids/labs	
05/15/2013	TEL	Medication Renewal	Hypothyroidism (acquired)
05/14/2013	PsychMeds	medication follow-up	Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired)

NYSID No: 09577679Z B&C No: 8951300534

FORTEAU, CURTIS

KIRBY, NY, NY

DOB: 02/05/1983 Age: 31 Y Sex: male

Home:

Work:

Cell:

Email:

Primary Insurance:

PCP:

Allergies : N.K.D.A

05/09/2013	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypercholesterolemia Hypothyroidism (acquired)
05/04/2013	Nursing	inj	
05/02/2013	MH Visit	MH Clinicians Progress Note	SMI - YES Diagnosis deferred Hypothyroidism (acquired) Dyspepsia NOS Schizoaffective disorder, chronic Back pain
05/02/2013	Medical	hypothyroidism,hypercholesterol	Hypothyroidism (acquired) Hypercholesterolemia Back pain
05/01/2013	Disch Plan	Discharge Plan	
04/29/2013	Disch Plan	DCP Progress Note	
04/25/2013	MH Visit	Psychosocial Evaluation and CTP	SMI - YES Schizoaffective disorder, chronic Diagnosis deferred Hypothyroidism (acquired) Hypercholesterolemia Dyspepsia NOS
04/21/2013	Disch Plan	DCP Progress Note	
04/18/2013	PsychMeds	KIRBY	Schizoaffective disorder, chronic Diagnosis deferred ROUTINE MEDICAL EXAM
04/17/2013	Intake		ROUTINE MEDICAL EXAM Hypothyroidism (acquired) Hypercholesterolemia Dyspepsia NOS Psychiatric situation
11/04/2012	Disch Plan	Post Release Follow-Up	
10/25/2012	Injury	Injury #	HX INJURY NEC
10/25/2012	TEL	Discharge Medication	
10/25/2012	TEL	Discharge summary	
10/23/2012	Nursing	blood draw for mental health	
10/22/2012	Medical	BACK PAIN; Offer Influenza Vaccine; Offer Influenza Vaccine	
10/19/2012	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES ROUTINE MEDICAL EXAM Paranoid schizophrenia, unspecified condition Alcohol dependence Diagnosis deferred
10/17/2012	PsychMeds	medication follow-up	Paranoid schizophrenia, unspecified condition Diagnosis deferred Back pain
10/14/2012	Injury	Injury #	ROUTINE MEDICAL EXAM
10/12/2012	MH Visit	MH Clinicians Progress Note	SMI - YES Paranoid schizophrenia, unspecified condition Diagnosis deferred Back pain

NYSID No: 09577679Z B&C No: 8951300534

FORTEAU, CURTIS
KIRBY, NY, NY

DOB: 02/05/1983 Age: 31 Y Sex: male

Primary Insurance:
PCP:

Home:
Work:
Cell:
Email:

Allergies : N.K.D.A

10/12/2012	Injury	injury # Pt is claiming no injuries	HX INJURY NEC
10/11/2012	Medical	BACK PAIN	
10/10/2012	Nursing	DOT meds.	
10/08/2012	Nursing	DOT meds	
10/05/2012	MH Visit	TPR and MH Clinicians Progress Note	SMI - YES Paranoid schizophrenia, unspecified condition Alcohol dependence Diagnosis deferred
10/04/2012	PsychMeds	DOC	Paranoid schizophrenia, unspecified condition Fungus infection NOS Diagnosis deferred Alcohol dependence
10/04/2012	MH Visit	medication follow-up	Paranoid schizophrenia, unspecified condition Diagnosis deferred Back pain
10/02/2012	PsychMeds	medication follow-up	Paranoid schizophrenia, unspecified condition
09/29/2012	MH Visit	MH Clinicians Progress Note	SMI - YES Paranoid schizophrenia, unspecified condition Diagnosis deferred Back pain
09/29/2012	PsychMeds	med order correction	
09/28/2012	PsychMeds	medication follow-up	Paranoid schizophrenia, unspecified condition Diagnosis deferred Back pain
09/27/2012	Disch Plan	Discharge Plan	
09/27/2012	Medical	back pain	
09/24/2012	MH Visit	Psychosocial Evaluation and CTP	SMI - YES Alcohol dependence
09/24/2012	Disch Plan	DCP Progress Note	
09/24/2012	Disch Plan	DCP Progress Note	
09/23/2012	TEL		Paranoid schizophrenia, unspecified condition
09/21/2012	Medical	referred from MH for requested tylenol for back pain	Back pain Fungus infection NOS
09/21/2012	PsychMeds	medication follow-up	Paranoid schizophrenia, unspecified condition Diagnosis deferred
07/21/2012	PsychMeds		Paranoid schizophrenia, unspecified condition Diagnosis deferred
07/21/2012	MH Visit	Mental Health Intake	Likely SMI - YES Delusional disorder Diagnosis deferred ROUTINE MEDICAL EXAM
07/20/2012	Intake		ROUTINE MEDICAL EXAM MENTAL PROBLEMS NEC

Referrals

Outgoing Referrals				
Referral From	Referral To	Start Date	End Date	Reason
Samuel Okoroza, PA	Dermatology (REF) Bellevue	02/14/2014	02/14/2015	***Pt has multiple lesions on glen of his penis which he claimed has been there since childhood. Pls evaluate Richard,Jean , MD 2/18/2014 4:10:59 PM > Approved
Kennedy F Gordon	Radiology (REF) Bellevue	12/24/2013	12/24/2014	MRI of th lumbar spine. Rule out HNP/Nerve root compression/Spinal stenosis

NYSID No: 09577679Z B&C No: 8951300534

FORTEAU, CURTIS
KIRBY, NY, NY

DOB: 02/05/1983 Age: 31 Y Sex: male

Primary Insurance:
PCP:

Home:
Work:
Cell:
Email:

Allergies : N.K.D.A

Jayanta Ray	Orthopedic WF	11/14/2013	11/14/2014	LBP Park,Joon , MD 11/15/2013 10:41:18 AM > approved
Jayanta Ray	Dietary (REF) AMKC	09/09/2013	09/09/2014	HLD
Jayanta Ray	Mental Health AMKC	09/09/2013	09/09/2014	psych d/o
Trevor Golbourne, PA	Mental Health AMKC	07/29/2013	07/29/2014	"I need to see Mental Health to discuss my medication, I am having adverse effects from the medicine that is Rx'ed".
Mohammad Kalam	Mental Health AMKC	07/16/2013	07/16/2014	Schizoaffective D/O
Linda Unneland, MHC	Discharge Planning AMKC	04/25/2013	04/25/2014	Psychosocial completed. Linda Unneland, LCSW- R 5/1/2013 Discharge Plan completed.
Laali Ali , MD	Mental Health AMKC	04/18/2013	04/18/2014	C71, psych
Robert Greene	Discharge Planning AMKC	09/24/2012	09/24/2013	Psychosocial/CTP completed DCP completed
Mental Health AMKC	Medical Follow Up AMKC	09/21/2012	09/21/2013	29 y/o AA male with a history of schizophrenia paranoid type complaining of back pain. scheduled f/u on 9/27/12 Park,Joon , MD 9/24/2012 9:10:47 AM > Reviewed
James Rich (inactive), PA	Mental Health AMKC	07/21/2012	07/21/2013	Mental health problem
Eric (Deactivated 01/15/14) Gauen	Mental Health AMKC	07/20/2012	07/20/2013	DOHMH referral - uncooperativeness with defense counsel, extreme/bizarre offense type, appearing disheveled/lack of self-care and hx of psychiatric problems. This pt was in the news for allegedly stabbing a woman in the abdomen while trying to rob her.

Interim release Status: Posted Bail

Incarceration/Supervision Information

Probation Information

Name: CURTIS FORTEAU
Sex: Male
Race: Black
Ethnicity: Not Hispanic
Placed on Probation: August 01, 2001
Max Expiration Date: July 31, 2004
Supervision Agency: Bronx County Probation Adult Supervision- High Risk
Jurisdiction Agency: Bronx County Probation Adult Supervision- High Risk
Probation Officer ID : XARCH
Probation Registration Number: 2411657
Probation Case Number: XS0005421
Probation Discharge Date: March 21, 2003
Discharge Type: Early Discharge

Other History Related Information

There is no Other History Related Information associated with this history.

Job/License Information

Civil Information

Type of Application: Employee Applicant
Comments: CPW
Name: CURTIS M FORTEAU
Address: 255 EAST 203 STREET APT FL1, BRONX, NY 10458
Date of Birth: February 05, 1983
SSN: 076680506
Agency ID: 846LAB
Date of Application: May 11, 2010
Application Agency: NYC Citywide Administration Services - Division of City Personnel
Application Number: 846LAB

Type of Application: Security Guard Registrant
Name: CURTIS M FORTEAU
Address: 255 EAST 203RD ST, PH, BRONX, NY 10458
Ethnicity: Unknown
Date of Birth: February 05, 1983
SSN: 076680506
Agency ID: 10010447749
Date of Application: May 15, 2007
Application Agency: NYS Department of State- Licensing Division
Application Number: 10010447749

Type of Application: Special Patrolman
Name: CURTIS FORTEAU

Fingerprint response on 07/18/2012 04:06 pm for transaction 15301297

Address: 255 EAST 203 STREET, APT 1FL, BRONX, NY 10458
 US Citizen :
 Date of Birth: February 05, 1983
 SSN: 076680506
 Agency ID: 8004F975
 Date of Application: April 23, 2007
 Application Agency: NYCPD Applicant Investigation Unit
 Application Number: 8004F975

Wanted Information

There is no NYS Wanted Information associated with this history.

Missing Person Information

There is no NYS Missing Person Information associated with this history.

Additional Information

Summary Counts: The Transaction data may also be included in a cycle in the rap. If it is included, information from the transaction will be used in calculating the Summary section. If it is not included in any of the cycles then the transaction information will not be part of the Summary section data.

Courts Please Note: Pursuant to CPL 160.40 (02) one copy of a fingerprint based rapsheet must be provided to the Defense Attorney.

According to our files, this individual does not appear to have History in III. However this does not preclude the possibility that the FBI does have a record. If you desire this information, please submit a request directly to the FBI.

Youthful Offender - Utilization of the Youthful Offender data is restricted to official purposes authorized by law and should not be further disseminated except upon specific authorization of a court or where specifically required or permitted by statute.

Sentencing - Where an individual is sentenced June 1, 1981 or later on more than one charge within a docket, the sentence may be considered to be concurrent unless identified as consecutive.

Federal NCIC, III and/or FBI Response

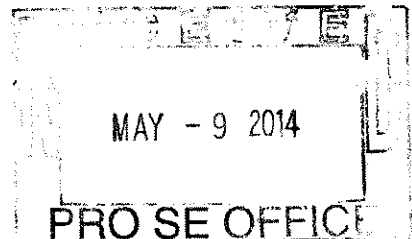
● NCIC Information

The following information is provided in response to your request for a search of the NCIC Person files based on:

- ◆ Name: FORTEAU, CURTIS
- ◆ Sex: M
- ◆ Race: B
- ◆ Date of Birth: 02/05/1983

TO: NYC COMPTROLLER'S OFFICE
1 CENTRE STREET, ROOM 1225
NEW YORK, N.Y. 10007

FROM: QUATIS PETER MICHAEL FORTEAU BOOK# CASE# 8951300534
A.M.K.C C-95 DORM ZUPPER
18-18 HAZEN ST
EAST ELMHURST, NY, 11570



I AM WRITING YOU THIS LETTER TO INFORM YOU AND
I NEED YOU TO PLEASE INVESTIGATE ALL MY IMPORTANT SERIOUS
MAJOR ISSUES ABOUT MY HUMAN AND CIVIL RIGHTS BEING VIOLATED
IN ALMOST EVERY WAY.

I AM BORN AND RAISED IN THE BRONX NYC, I NEVER EVER WAS IN
ANY TYPE OF SPECIAL EDUCATION CLASSES IN SCHOOL EVER AND
NEVER IN ANY TYPE OF PSYCHOLOGICAL CLASSES EVER. I GREW UP IN TOP
CLASSES IN SCHOOLS AND MY GRADES WERE NEVER FAILING. I AM
NEVER EVER BORN WITH ANY PSYCHOLOGICAL ILLNESSES AND I AM
NEVER EVER SCHIZOPHRENIC EVER.

I PREACH I AM WORKING ON THEOLOGY IN COLLEGE TO BE A PREACHER. I AM
ALSO A (SUPERVISOR) (SEASONAL) CITY PARK WORKER WITH N.Y.C. I AM ALSO
A CERTIFIED SECURITY GUARD WITH N.Y STATE CERTIFIED IN ANTI-TERRORISM
C.P.R AND MANY OTHER CERTIFICATIONS.

I HAVE BEEN LOOKING FOR THE RIGHT RESOURCES (ATTORNEYS, CORRECT OFFICE
AND AGENCIES TO NOTIFY E.T.C) THAT THEY COULD RESPOND TO ME
AS SOON AS POSSIBLE. I MADE MORE THAN ONE COMPLAINT AND REPORTS

TO DIFFERENT AUTHORITIES AND AGENCIES ON ALL MY ISSUES
I AM SUFFERING FROM MANY VERY EXCRUCIATING SEVERE DAMAGING
DESTROYING HARSH HARMFULL PAINS. SO ON RECORD THERE SHOULD BE
SOMETHING THAT I REPORTED TO AUTHORITIES.

ONE OF MY MOST IMPORTANT SERIOUS MAJOR ISSUES I WANT TO
 SUE FOR \$10 MILLION DOLLARS ARE THE PSYCHOLOGICAL MEDICATIONS
 THE DOCTORS, PSYCHIATRISTS, NURSES ETC ARE PRESCRIBING IS DAMAGING DESTROYING
 MY HEALTH. I AM EXPERIENCING SUFFERING WITH EXCRUCIATING VERY SEVERE
 DAMAGING DESTROYING HEART PAINS THAT FEELS LIKE SHARP NEEDLES ARE IN MY
 HEART. FROM THOSE PSYCHOLOGICAL MEDICATIONS IN VESA SUSTENNA (Paliperidone
 PALMITATE) AND RISPERIDONE CONSTA, WHEN MY HEART BEATS I FEEL SHARP
 NEEDLES VERY EXCRUCIATING SEVERE PAINS WITH EACH BEAT OF MY HEART.
 MANY MORNINGS I WAKE UP SUFFERING IN EXCRUCIATING VERY SEVERE
 PAINS AND I CANNOT MOVE. I SUFFERED A FORM OF A HEART ATTACK VERY
 EXCRUCIATING AND SEVERE IN 2007 FROM THE EFFECTS OF (RISPERIDONE
 CONSTA). IN 2007 WHEN I EXPERIENCED THIS VERY EXCRUCIATING SEVERE
 DAMAGING HEART ATTACK I WAS IN THE HOSPITAL FOR ALMOST A MONTH
 SOON AFTER THIS SITUATION THE DOCTORS THAT WAS PRESCRIBING
 RISPERIDONE CONSTA REMOVED ME FROM THOSE PSYCHOLOGICAL MEDICATIONS
 IN RECENT APPOINTMENTS WITH THE DOCTORS AT RIKERS ISLAND I REPORTED
 EVERYTHING I AM SAYING NOW TO YOU AND THE DOCTORS, PSYCHIATRISTS, NURSES
 AND STAFF ETC AT RIKERS ISLAND NEVER EVER HELP ME IN ANYWAY.
 I AM ALSO LIVING WITH SUFFERING WITH EXCRUCIATING VERY SEVERE
 BACK PAINS IN MY LOWER SPINAL COLUMN (DISK) THESE VERY EXCRUCIATING
 SEVERE DAMAGING PAINS ARE INTENSE PAINS ALL DAY IN MY LOWER BACK
 LEAVING ME SOME DAYS PARALYZED ALL DAY, SOME SITUATIONS FOR WEEKS
 PARALYZED IN VERY EXCRUCIATING SEVERE DAMAGING DESTROYING PAINS
 (UNABLE TO COOK FOR MYSELF OR WORK OR DO ANYTHING FOR MYSELF.)
 MY REPRODUCTION SYSTEMS IS ALSO BEING VERY SEVERE DAMAGED DESTROYED
 FAILING (NOTE:

(NOTE: I DO NOT KNOW IF I COULD STILL MAKE CHILDREN)

THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA (Paliperidone Palmitate) AND (RISPERIDONE CONSTA) DAMAGED DESTROYED MY REPRODUCTION SYSTEMS SO MUCH THAT WHEN I AM TRYING TO HAVE ERECTION MY (PENIS) NEVER DOES WORK AND MANY SITUATIONS WHEN I AM HAVING SEX I NEVER EJACULATE (NOTHING COMES OUT OF MY PENIS). BEFORE I EVER WAS ON THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA (Paliperidone Palmitate) AND (RISPERIDONE CONSTA) I NEVER HAD ANY OF THESE MEDICAL HEALTH ISSUES. MANY DOCTORS, PSYCHIATRISTS, NURSES AND STAFFS WERE TELLING ME THAT THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA (Paliperidone Palmitate) AND (RISPERIDONE CONSTA) NEVER EVER GIVES ME THE BAD SEVERE SIDE EFFECTS I AM REPORTING TO THEM, EVEN THOUGH WHEN IN THE MAKERS PAMPHLET IT CLEAR STATES THAT EVERY EXCRUCIATING SEVERE PAINS AND DAMAGES DESTRUCTIONS TO MY REPRODUCTIONS SYSTEMS I AM SUFFERING WITH AND MANY MORE HEALTH ISSUES THAT I AM EXPERIENCING IS FROM THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA (Paliperidone Palmitate) AND (RISPERIDONE CONSTA). (NOTE: THE DOCTORS, PSYCHOLOGISTS, NURSES AND STAFFS DO NOT EVEN KNOW FOR SURE WHAT ALL THE BAD SEVERE SIDE EFFECTS OF THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA (Paliperidone Palmitate) AND (RISPERIDONE CONSTA) CONTAIN, NEITHER DOES THE MAKERS OF THOSE MEDICATIONS NEVER EVER KNOWS ALL THE BAD EXCRUCIATING VERY SEVERE DAMAGING DESTROYING HARMFUL SIDE EFFECTS.) THE MAKERS PAMPHLET FOR INVEGA SUSTENNA (Paliperidone Palmitate) I AM SENDING COPIES OF WITH COPIES OF MY MEDICAL RECORDS TO SHOW THE PROOF OF EVERYTHING I AM SAYING. THE MAKERS PAMPHLET SAY THE BAD EXCRUCIATING SEVERE DAMAGING DESTROYING VERY HARMFUL SIDE EFFECTS I CIRCLED AND UNDERLINED IMPORTANT FACTS THAT PERTAIN TO MY \$10 MILLION DOLLAR LAWSUIT.

SOME OF WHAT THE MARLAS PAMPHLET SAYS ARE: ONE RISK OF INVEGA SUSTENNA IS THAT IT MAY CHANGE YOUR HEART RHYTHM. THIS EFFECT IS POTENTIALLY SERIOUS. YOU SHOULD TALK TO YOUR DOCTOR ABOUT ANY CURRENT OR PAST HEART PROBLEMS. BECAUSE THESE PROBLEMS COULD MEAN YOU'RE HAVING A HEART RHYTHM ABNORMALITY, CONTACT YOUR DOCTOR IMMEDIATELY IF YOU FEEL A CHANGE IN THE WAY THAT YOUR HEART BEATS (PALPITATIONS). ALSO, INVEGA SUSTENNA AND SIMILAR MEDICATIONS CAN RAISE THE BLOOD LEVELS OF A HORMONE CALLED PROLACTIN AND BLOOD LEVELS OF PROLACTIN REMAIN HIGH WITH CONTINUED USE, THIS MAY RESULT IN SOME SIDE EFFECTS INCLUDING, . . . DEVELOPMENT OF BREAST IN MEN OR PROBLEMS WITH ERECTIONS BOTH OF THOSE SIDE EFFECT I AM EXPERIENCING TO THIS DAY. (MAY CAUSE FETAL HARM) (ALSO METABOLIC CHANGES: ATYPICAL ANTIPSYCHOTIC DRUGS HAVE BEEN ASSOCIATED WITH METABOLIC CHANGES THAT MAY INCREASE CARDIOVASCULAR / CEREBROVASCULAR RISK. THESE METABOLIC CHANGES INCLUDE HYPERGLYCEMIA, DYSLIPIDEMIA AND BODY WEIGHT GAIN. WHILE ALL OF THE DRUGS IN THE CLASS HAVE BEEN SHOWN TO PRODUCE SOME METABOLIC CHANGES, EACH DRUG HAS ITS OWN SPECIFIC RISK PROFILE.) FROM THE AFFECTS OF PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA (paliperidone palmitate) AND (RESPERIDONE ORAL) MORE THAN ONE DOCTORS, PSYCHIATRISTS, NURSES ETC. TOLD ME MY THYROID IS FAILING, I AM SENDING WITH THIS AS PROOF MY HEALTH RECORDS. I AM BEING PRESCRIBED LEVOTHYROXINE 50 MG TABLET TO HELP MY THYROID STOP FAILING. FROM THE AFFECTS OF THOSE PSYCHOLOGICAL MEDICATIONS MORE THAN ONE DOCTORS, PSYCHIATRISTS, NURSES ETC. TOLD ME MY CHOLESTROL IS A PROBLEM TOO (BEFORE I WAS NEVER ON ANY PSYCHOLOGICAL MEDICATIONS I NEVER HAD ANY OF THESE HEALTH PROBLEMS), I AM BEING PRESCRIBED SIMVASTATIN 20 MG TABLET TO HELP STOP MY CHOLESTROL PROBLEMS.

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THE FACTS THAT THOSE PSYCHOLOGICAL MEDICATIONS ARE CAUSING ME
 MANY HEALTH PROBLEMS INCLUDING DEFORMITY TO MY BODY (NOTE: MY CHEST IS
 GROWING INTO FEMALE BODY PARTS (BREAST) JUST LIKE THE MAKERS PAMPHLET
 SAYS, AND MY LOWER BODY IS BECOMING DEFORMED, BEFORE I WAS NEVER
 ON ANY PSYCHOLOGICAL MEDICATIONS I NEVER EVER HAD ANY OF THESE
 HEALTH PROBLEMS. (POSSIBLE SOME OF THE REGULAR MEDICATIONS ARE
 ADDING INTENSIFYING THOSE PSYCHOLOGICAL MEDICATIONS BAD
 EXCRUCIATING VERY SEVERE DAMAGING DESTROYING SIDE AFFECTS.

I AM SUFFERING WITH EXCRUCIATING SEVERE DAMAGING DESTROYING PAINS
 THROUGH MY ENTIRE BODY AND WHEN I REPEAT THIS TO THOSE DOCTORS, PSYCHIATRISTS,
 NURSES ETC. THEY PRESCRIBED ME SOME PAIN MEDICATIONS BUT THAT'S TEMPORARY
 AND DAMAGING TO MY HEALTH WITH LONG TERM USE, THEN AFTER THOSE PAIN
 MEDICATIONS ARE DONE THEY DO NOT HELP ME IN NO OTHER WAY, I AM LEFT
 TO SUFFER WITH EXCRUCIATING VERY SEVERE DAMAGING DESTROYING PAINS.

(NOTE: I DO NOT KNOW TOTAL EXTENT TO THE LONG TERM DAMAGES AND
 DESTRUCTION ON MY ENTIRE BODY) (NOTE: I KNOW I AM ONE OF THOSE PEOPLE
 THAT CAN NOT TAKE PSYCHOLOGICAL MEDICATIONS THOSE DO MORE DAMAGE TO ME
 THAN HELP ME, I AM EXTRA SENSITIVE TO PSYCHOLOGICAL MEDICATIONS).

ON RIKERS ISLAND WHERE I AM NOW SOME OF THE DOCTORS AND
 PSYCHIATRISTS PRESCRIBING THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA
 (PIMAZOLONE BUNITATE) ARE DR. KILUVIA, SOME OF THE DOCTORS I ASKED THERE NAMES
 AND TO SPELL THERE NAMES AND THEY SAID NO, SOME OF THE DOCTORS I
 ASKED TO DEFINE THE ILLNESSES (BAD SIDE AFFECTS) FROM THE MAKERS
 PAMPHLETS AND THEY SAID NO.

A PSYCHIATRIST AND SUPERVISOR THAT HELPED ME

PSYCHIATRIST MARTIN RICKETTS AND HIS SUPERVISOR HEREDIA

I WAS GIVEN THE RIGHT TO REFUSE THOSE BAD PSYCHOLOGICAL MEDICATIONS

INVEGA SUSTENNA (Paliperidone Palmitate) AND (Risperidone CONSTA)

AND I AM REFUSING PSYCHOLOGICAL MEDICATIONS AS OF SEPTEMBER 26, 2013

ON SEPTEMBER 27, 2013 DR. KILUVA MET WITH ME WE SPOKE ABOUT ALL

THE PSYCHOLOGICAL MEDICATIONS BAD SIDE EFFECTS (HE DID NOT KNOW ALL

THE SIDE EFFECTS OF THOSE PSYCHOLOGICAL MEDICATIONS I SHOWED HIM

THE MAKERS PAMPHLET AND HE AGREED THAT ALL THE MEDICAL HEALTH PROBLEMS

I AM SUFFERING WITH ARE FROM THOSE PSYCHOLOGICAL MEDICATIONS, BUT

HE TRIED TO CHANGE MY MEDICATIONS TO RISPERIDONE CONSTA AND I REFUSED

BECAUSE ALL THE EXCRUCATING SEVERE DAMAGING DESTROYING HARMFUL

PAINS AND HEALTH PROBLEMS I AM EXPERIENCING SUFFERING WITH IS

THE SAME WITH ALL THOSE BAD PSYCHOLOGICAL MEDICATIONS.

ALMOST EVERY DOCTORS, PSYCHIATRISTS, NURSES AND STAFF ETC IN Rikers

ISLAND AND AT ALL THE HOSPITALS I HAVE BEEN IN

(NOTE: JACOBS CRONY HOSPITAL; NORTH CENTRAL BRONX HOSPITAL, SAINT

BARNAABUS BRONX HOSPITAL, BELLEVUE HOSPITAL, KEROBY FORENSIC PSYCHIATRIC

CENTER) THEY ALL TAKE ADVANTAGE OF ME VERY SEVERE DAMAGING

DESTROYING HARMING ME, HURTING ME MORE WITH ILLEGAL THINGS

THEY ARE DOING TO ME. (NOTE: WHILE I AM SUFFERING IN EXCRUCATING

SEVERE DAMAGING DESTROYING PAINS FROM THE EFFECTS OF THOSE

PSYCHOLOGICAL MEDICATIONS, THOSE DOCTORS, PSYCHIATRISTS, NURSES AND STAFF

ETC. NEVER EVER HELP ME IN ANYWAY THEY NEVER SPEAKING THE TRUTH

IN ANYWAY. THEY LIED TO ME ABOUT ALMOST EVERYTHING THAT HAS

SOMETHING TO DO WITH THOSE PSYCHOLOGICAL MEDICATIONS INVEGA SUSTENNA

(Paliperidone Palmitate) AND (Risperidone CONSTA).

JUST TO MENTION A FEW CASES WHERE I WAS ABUSED IN N.Y.C
 HOSPITALS POSSIBLE THE YEAR WAS 2005 I WAS ILLEGALLY SENT TO
 NORTH CENTRAL BRONX HOSPITAL A STAFF (NURSE) THERE NAME BENJAMIN VARONA
 CHOKED AND PUNCHED ME ALL OVER MY BODY PLUS THE OTHER STAFF MEMBERS
 NURSES, DOCTORS ETC. WAS INVOLVED IN THE VERY SEVERE DAMAGING ABUSIVE
 ASSAULTS ON ME (NOTE: AT ALMOST ALL THE HOSPITALS. SOME OF THE
 PATIENTS THAT WAS **INSTIGATED** (WORKING WITH THE STAFF) VERY SEVERE
 DAMAGING DESTRUCTIVE VIOLENT HARSH AND HARMFUL ASSAULTED ME
 ON MORE THAN ONE OCCASIONS). POSSIBLE MR. BENJAMIN VARONA WAS
 FIRED FOR THOSE SITUATIONS. I REPORTED ALL THE VERY SEVERE DAMAGING
 DESTRUCTIVE VIOLENT HARSH AND HARMFUL ABUSIVE ASSAULTS ON ME THAT WERE
 GOING ON AT THAT HOSPITAL AND MANY MORE SITUATIONS AT OTHER
 HOSPITALS INVOLVING STAFFS, PATIENTS AND DOCTORS ABUSING ASSAULTING
 ME. ANOTHER CASE IS WHEN I WAS AT KIRBY FORENSIC PSYCHIATRIC CENTER
 WARD 6 AT MANY OF THE (SHTA'S WORKERS) WERE VERY SEVERE DAMAGING
 DESTRUCTIVE VIOLENT HARSH AND HARMFUL. POSSIBLE THE YEAR WAS 2009
 A (SHTA STAFF) WITH LAST NAME AS LARRY AND ANOTHER SHTA'S WITH **SECURITY GUARDS**
 VERY SEVERE DAMAGING DESTRUCTIVE VIOLENT HARSH AND HARMFUL
 PHYSICAL ASSAULTED ME SEVERE WITH KICKS AND PUNCHES MR. LARRY VERY SEVERE
 DAMAGING DESTRUCTIVE VIOLENT HARSH AND HARMFUL KICKED ME BETWEEN
 MY LEGS IN MY PRIVATE PARTS WITH HIS KNEE'S WHILE HOLDING ME
 VERY SEVERE VIOLENT CHOKING ME; POSSIBLE MR. LARRY WAS FIRED FOR THAT.
ALL CASES THAT I MENTIONED SHOULD BE ON CAMERA WITHIN THE HOSPITALS
AND THERE WAS WITNESSES (STAFF, PATIENTS ETC) I WANT TO BRING UP
 CRIMINAL CHARGES AND MILLIONS OF DOLLARS IN LAWSUITS AGAINST
 THE HOSPITALS AND ALL THOSE INVOLVED FOR ALL MY VERY SEVERE EXHAUSTING
 DAMAGING DESTROYING HARSH AND HARMFUL PAINS AND SUFFERINGS.

BEFORE THIS ARREST I WAS BEING SEEN FOR TREATMENT BY A GROUP OF DOCTORS IN THE BRONX AND I WAS CLEARED FROM THEM AND A STATE JUDGE THAT I NEVER EVER HAD TO RECEIVE PSYCHOLOGICAL MEDICATIONS OR PSYCHOLOGICAL TREATMENT EVER AGAIN. I AM NEVER EVER PSYCHOLOGICAL ILL EVER AND I AM NEVER EVER SCHIZOPHRENIC. THEY LABELED ME AS THAT SO WHEN I SPEAK NO ONE WILL LISTEN TO ME. THERE ARE A LOT OF BAD AND EVIL PEOPLE HOLDING ME ON THESE (DRUG) MEDICATIONS, SO THAT THE COMPLETE TRUTH HONEST NEVER EVER COMES OUT.

ALL MEDICAL HEALTH ISSUES SITUATIONS THAT I AM EXPERIENCING AND MENTIONED WITH ALL THE VERY SEVERE DAMAGING DESTRUCTIVE VIOLENT ABUSE AND HARMFUL CASES SITUATIONS I EXPERIENCED AND MENTIONED HAPPENED ON MORE THAN ONE OCCASIONS WITH DIFFERENT PEOPLE AND PATIENTS AND WITNESSED AND MANY MORE PATIENTS WITNESSED THE VERY SEVERE DAMAGING ABUSES AND ITS HARMFUL TO THEM TOO.

Antony P. M. Frazier

ANTONIO MIGUEL FRAZIER
COMMISSIONER OF DEEDS
No. 2-13375
Qualified in Queens County
Commission Expires July 1, 2014

Antonio M. Frazier
10/31/13